

310

PHM / SER-51 (RB-5)  
CPHE

# T O R T U R E S U R V I V O R S



## WHAT CAN WE DO FOR THEM ?

EDITED BY  
JUNE C. PAGADUAN-LOPEZ, M.D.

PHILIPPINE ACTION CONCERNING TORTURE  
MEDICAL ACTION GROUP, INC.

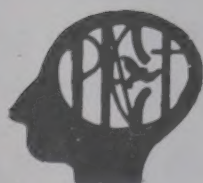


# **TORTURE SURVIVORS**

## **How Can We Help Them?**

Edited by

**June C. Pagaduan-Lopez, M.D.**



PUBLISHED BY



**PHILIPPINE ACTION CONCERNING TORTURE  
MEDICAL ACTION GROUP, INC.**

**TORTURE SURVIVORS**  
**How Can We Help Them?**

**Copyright 1987**

**by**

**Medical Action Group, Inc.**  
**Rm. 706 Don Santiago Bldg.**  
**1344 Taft Ave., Manila**  
**Philippines**

**All rights reserved.**

**No part of this book may be used or  
reproduced in any manner whatsoever  
without written permission  
except in brief quotations  
embodied in critical articles  
and reviews.**

**Copy-edited by**

**June C. Pagaduan-Lopez, M.D.**

**Cover design by Gil Corcuera**

**Printed September 1987**

## PREFACE

This guidebook was written during the dark years of the Marcos era.

It was written with the invaluable help of political detainees — heroic men and women who, while still incarcerated risked their very lives as respondents to a survey conducted by volunteers from the Philippine Action Concerning Torture (PACT). The PACT is one of the programs of the Medical Action Group, a group of concerned Filipino professionals in the medical and allied professions.

This was written with the warm and generous support of the International Center for Research and Rehabilitation of Torture Victims (RCT) of Copenhagen, Denmark. In truth, the vast experience and knowledge of the RCT staff forms the basis of much of the contents of this guidebook.

At the time this document was being written, people with access to political prisoners had very limited information about how to help torture survivors. This guidebook was written for their use — to help them detect, treat and rehabilitate torture survivors as quickly as possible. But aside from them, it was also written for the ordinary citizen who, concerned about the suffering of a fellow human being, should know more about torture — its causes, forms, and effects.

Even now, we are aware that it will not be long before this document will need revision. The release of hundreds of political detainees and the present political atmosphere of freedom are fast providing health professionals with more opportunities for research and clinical experience.

It is hoped that this guidebook can serve as an initial means of sharing observations on the application of this most inhuman form of violence on our own countrymen.

We hold no illusions about the bigger challenge we all face. Torture is only a symptom of a decaying socio-economic order that finds it necessary to make up in repression what it lacks in legitimate authority.

Therefore, the campaign to abolish torture must ultimately address the socio-economic and political factors that give rise to it.

Finally, this guidebook above all, aims to be a springboard for deeper commitment among those engaged in the universal struggle for justice and freedom.

June Pagaduan-Lopez, M.D.

*Chairperson*

*Philippine Action Concerning Torture*

## **DEDICATION**

We dedicate this guidebook to all those who fought for freedom and democracy under the Marcos regime.

It is a tribute to the countless martyrs and heroes who, over the past two decades, have endured various forms of sacrifices even to the point of shedding their blood so that others may enjoy a better future.

Finally, this guidebook is dedicated to the thousands of torture victims who survived. They are today, the living symbols of our people's valiant resistance to the forces of dictatorship.

## ACKNOWLEDGMENTS

We gratefully acknowledge the following people and organizations whose unstinting efforts made this guidebook possible:

1. Samahan ng mga Ex-Detainees Laban sa Detention at Amnestiya (SELDA), Task Force Detainees (TFD), Kapisanan para sa Paglaya at Amnestiya ng mga Detenido sa Pilipinas (KAPATID), Free Legal Assistance Group (FLAG), Movement of Attorneys for Brotherhood, Integrity, and Nationalism, Inc. (MABINI), Children's Rehabilitation Center (CRC), Drs. Reynaldo Lesaca, Vic Cabuquit, Lourdes Ignacio and Jercyll Demetrio, all dedicated members of the Philippine Working Group on Torture.
2. Ms. Inga Aggar. Dr. Carol Pagaduan-Araullo, Dr. Cornelio Banaag, Mr. Enrique Bustos, Dr. Sylvia Estrada-Claudio, Dr. Finne Somnier, Mr. Alberto Duarte, Dr. Willy Lopez, Dr. Inge Lund, Dr. Sylvia Ciocon de la Paz, and Dr. Calixto Zaldivar as contributors.
3. Mr. Jun Bandayrel, Ms. Yoly Villanueva-Ong, Mr. Jack Teotico and Ms. Marilyn Villapando for their invaluable editorial assistance.
4. Mr. Gil Corcuera and Ms. Tol Jimenez who volunteered time and talent for the guidebook's illustration.
5. Ms. Mabeth Guzman, Ms. Sonia Friedrichsen, and Kim Lopez who typed the manuscript.
6. The International Center for Research and Rehabilitation of Torture Victims (RCT) through our dear friend and ally, Dr. Inge Genefke, for their inspiration and continued support.
7. All our Chilean, Argentinian, Uruguayan, South African and North American colleagues who are one with us in recognizing and struggling against the deeper political roots of torture.

Philippine Action Concerning Torture  
June 1987

## PROLOGUE

On February 25, 1986, then President Ferdinand Marcos left the Philippines to seek asylum in the United States of America. On that day, the powerful combination of a military revolt and the sustained political action by the Filipino people put an abrupt end to one of the most corrupt and brutal dictatorships in the world.

During his 20 year reign, Mr. Marcos sold the nation's patrimony to non-Filipinos and orchestrated the systematic plunder of the country's coffers.

It was a rule that provoked so much resistance from the people that it survived only by repression and the violation of human rights. Summary executions, hamletting, massacres, illegal arrests, and detention, of which torture was a systematic and integral component, were commonplace.

More than 70,000 people passed through Mr. Marcos' detention centers, safehouses, and military camps. Various forms of torture from psychological intimidation to the more hideous and inhuman crimes were committed. Under the guise of "tactical interrogation", torture in many instances became a standard operating procedure during the initial stages of incarceration. In many cases, solitary confinement, as well as physical punishment lasted for months, even years.

No group or sector of Philippine society was spared from repression. Workers, professionals, students, farmers, and even church workers were subjected to various forms of human rights violation. Anyone who resisted the unpopular regime was a potential victim.

Today, that regime ceases to exist.

The new dispensation has expressed commitment towards restoration of democratic rights. We are looking forward to the full implementation of this commitment.

The emancipation of the **Filipino** people from repression, however, is not complete. Economic prosperity remains a dream for a great majority of our people. The new government has inherited the age-old problems of the country, aggravated under Marcos' two decades of dictatorial rule. Great tasks of nation building lie ahead including the thorough dismantling of the repressive apparatus that bred the Marcos dictatorship in favor of more democratic institutions.

Only when these are accomplished and we are assured that tyranny and dictatorship can no longer rear their ugly heads can we relax our vigilance against torture and other forms of human rights violation.

**Sylvia Estrada-Claudio, M.D.**

**Manila, Philippines**

**March 1987**

# WHAT DIFFERENT METHODS OF TORTURE HAVE BEEN USED?

Any form of torture consists of

- weakening techniques that aim to produce physical and mental exhaustion, and
- personality-destroying techniques that try to induce remorse, guilt, loss of self-esteem and powerlessness in the individual.

## Deprivation Techniques

Aim: To reduce any form of stimulation to the brain or to flood it with constant monotonous stimuli

### 1. Sensory Deprivation

Examples:

- prolonged blindfolding or hooding
- prolonged isolation in a small, dark and silent room

### 2. Perceptual Deprivation

Examples:

- transferring the individual from one place to another to cause disorientation
- deliberate disturbance of the person's sleeping pattern to distort his or her sense of time
- continuous exposure to sound, light and other monotonous stimuli.

### 3. Social Deprivation

Examples:

- isolation
- prohibition of visits from anyone
- confiscation of personal belongings.

### 4. Deprivation of Basic Needs

Examples:

- deprivation of food and water

- deprivation of sleep
- deprivation of toilet privileges
- deprivation of comfort
- deprivation of bodily movement.

### **Compulsion Techniques**

**Aim:** To impose strange or alien, harmful or humiliating experiences to destroy a person's dignity and self-identity.

**Examples:**

- verbal abuse
- threats against one's life
- threats against one's family or loved ones
- imposition of unreasonable rules and regulations
- sexual indignities like forcible stripping, molestation and rape
- being forced to witness the torture of others.

### **Incongruent Action Techniques**

**Aim:** To force a choice between options that are all contrary to the victim's beliefs and principles in order to induce guilt.

**Examples:**

- being forced to sign statements or confessions
- being forced to betray or act as witness against others under threat to one's life or to one's family or loved ones,

### **Communication Techniques**

**Aim:** To expose the individual to a variety of meaningless, contradictory and confusing verbal and non-verbal communication.

**Types:**

#### **1. Reverse Effect Techniques**

- illogical interrogation using absurd questions
- continued torture in spite of individual's attempt to sub-

## TABLE OF CONTENTS

Preface .....	i
Dedication.....	iii
Acknowledgements .....	iv
Prologue .....	v

### 1. WHAT IS TORTURE?

How Do We Define Torture.....	1
What Are The Objectives of Torture .....	1
What Different Methods of Torture Have Been Used? ...	2

### 2. HOW DO WE DETECT TORTURE?

What Are The Immediate Physical Signs of Torture .....	6
What Are The Late Physical Signs of Torture .....	9
What Are Possible Psychological Effects of Torture? ....	11

### 3. HOW DO WE HELP THOSE WHO HAVE SURVIVED TORTURE?

Physical Help.....	14
Psychological Help .....	16

Epilogue .....	25
Appendix A or Appendices .....	28

# WHAT IS TORTURE?

## HOW DO WE DEFINE TORTURE?

This guidebook will define torture using two of the most commonly used definitions.

### THE DECLARATION OF TOKYO, World Medical Association, 1975

“... the deliberate, systematic or wanton infliction of physical or mental suffering by one or more persons alone or on orders of authority, to force another person to yield information, to make a confession or for any reason. . .”

### PRINCIPLES OF MEDICAL ETHICS, United Nations, 1982

“... any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted by or at the instigation of a public official on a person for such purposes as obtaining from him or a third person information or confession, punishing him for an act he has committed or is suspected of having committed, or intimidating him or other persons . . . constitutes an aggravated or deliberate form of cruel, inhuman or degrading treatment or punishment.”

## WHAT ARE THE OBJECTIVES OF TORTURE?

Torture is used to:

- destroy the individual's personality
- extract information or confession
- terrorize opponents and the population.

Through the years, torture has become a tool for political repression wielded by an unpopular and repressive regime on its people to keep itself in power.

# HOW DO WE DETECT TORTURE?

## WHAT ARE THE IMMEDIATE PHYSICAL SIGNS OF TORTURE?

Depending on the method of torture used, several external or internal physical signs of torture may be detected on a recently tortured individual. The findings will be described according to the region of the body injured.

### Skin and Muscle Injuries

#### 1. Contusion

This is a kind of injury to the soft tissues (skin, muscles, tendons and ligaments) which results in the tearing of small blood vessels in the area causing bluish discoloration of the skin, swelling and pain.

#### 2. Hematoma

This is similar to a contusion except that it will be noted that there is more bleeding into the skin and muscles. A hematoma is larger, more swollen, painful and with a black-red discoloration of the skin.

Note: In the two conditions mentioned above, there is no break in the skin. Healing takes place within 7-10 days for both.

#### 3. Incised Wound

An incised wound is a smooth linear cut on the skin caused by a sharp instrument. The wound may open wide depending on its length and may bleed profusely depending on its depth. Healing occurs in two weeks.

#### 4. Laceration

A rugged, linear cut on the skin and possibly, the fat

and muscles beneath, is called a laceration. This type of wound usually heals in two weeks.

#### 5. Abrasions

An abrasion is injury to the skin resulting in the loss of its surface layer. Healing occurs in 5-10 days.

#### 6. Avulsion

This refers to the loss of a thick layer of the skin causing exposure of the fat and muscle under the area. The wound may heal in several weeks or longer depending on the extent of the skin loss.

#### 7. Punctured Wounds

Narrow pointed instruments may puncture skin, muscles and fat and produce wounds which appear as tiny areas of skin loss. Because of the hidden, more deeply seated injury under the skin pain is noted to be more than what is expected of such a small area of skin loss.

#### 8. Burns

##### First Degree Burns

Skin is reddish, very painful and slightly swollen. Injury is limited to the surface layer of the skin.

##### Second Degree Burns

Skin forms blisters aside from being reddish and very painful. Injury involves deeper layers of the skin.

##### Third Degree Burns

The entire layer of the skin is injured down to the fat and possibly, muscles under the skin. The area is usually unable to feel because of damage to nerves.

#### 9. Strain

Muscles may be overstretched and strained after a forceful pull on an extremity or the trunk as in prolonged suspension or immobilization. Pain is aggravated by activity. Two to three weeks rest of the body part is necessary for recovery.

#### 10. Sprain

Due to a more severe pull to muscles and its attach-

mit to the torturer's demands

## 2. Double-Bind Techniques

Example:

- brutal torture followed by seemingly humane treatment from other or the same torturer

## 3. Conditioning Techniques

Aim: To control behavior by means of rewards and punishments

Examples:

- provision of good food, comfortable living quarters, entertainment and other pleasurable conditions in exchange for compliance to the torturer's demands
- use of loud sounds, glaring lights and other noxious stimuli to punish non-compliance.

## Pharmacologic Techniques

Aim: To use drugs themselves as form of torture, to facilitate torture, or to mask the effect of torture.

Examples:

- use of stimulants and hallucinogenic drugs to induce strange experiences
- use of drugs to induce self-disclosure through near sedation.
- use of paralyzing drugs such as derivatives of curare to paralyze respiratory muscles to the point of asphyxia
- use of drugs to change behavior.

## Use of Health Personnel and Facilities

Aim: To use medical knowledge and skills for direct or indirect participation in torture.

Examples:

- actual participation in torture by physicians, dentists, nurses and other health personnel

- assessment of the person's capacity to undergo torture without loss of life
- issuance of a false medical certificate.

## Physical Methods

Aim: To inflict physical pain to weaken the person's body or will

### Examples:

- beatings, random or systematic, involving specific parts of the body as in "falanga" or beating the soles of the feet
- inducing near suffocation by submersion of the head in water ("wet submarine") or by sealing the head inside a plastic bag ("dry submarine")
- exposure to extreme heat or cold
- cigarette burns
- electrical torture
- being tied or forced to assume specific bodily positions for prolonged periods of time
- mutilation

Torture techniques vary depending on the torturer's training and perverse creativity. Sophisticated methods have been employed to achieve the aims of torture without leaving detectable marks or causing the victim's death.

ments to the bones in and around a joint, swelling, severe pain and inability to move the joint may be noted. With immobilization and rest recovery may take place in six weeks.

## **Injury to the Joints and Bones**

### **1. Dislocation**

Joints may also be displaced from their original position when a forceful pull is applied to the extremities or trunk. When this happens an obvious deformity of the dislocated joint can be seen along with swelling, pain and limitation of movement.

### **2. Fracture**

A severe blow to the body may cause a bone to break completely or partially. On some occasions, the bone may come out through a large open wound (open fracture) or remain unseen beneath the skin (closed fracture). If left untreated, an open fracture can be complicated by serious infection. Findings in a fracture are similar to a dislocation except that pain is more severe and movement is more seriously impaired. An x-ray is necessary to confirm the presence of a closed fracture. Suspect a pelvic fracture in case of severe pain and difficulty in walking. Pain worsened by breathing or pressing on the chest may be due to a rib fracture.

## **Injury to the Mouth and Teeth**

Recently tortured individuals may show evidences of oral or dental torture such as missing teeth, bleeding gums or pain around the jaw and the mouth. Ulcerations (erosions) on the surface of the mouth, tongue and gums may be noted as signs of malnutrition or direct injury.

## **Head Injury**

Individuals who have been hit on the head may have open wounds, contusions or hematomas over the involved area. More serious injury may cause the person to vomit, have persistent headache, double vision, dizziness, drowsiness and even loss of consciousness.

## **Chest Injury**

Aside from causing rib fractures, a severe blow to the chest may injure the lungs. Lung bleeding is suspected when the individual coughs out blood. Air leaking into the chest cavity causes lung collapse in which case breathing will be difficult and painful.

## **Abdominal Injury**

Injury to the organs of the abdomen cause severe abdominal pain and signs of serious internal bleeding such as very weak and rapid pulse, dizziness, pale and cold skin. Vomiting blood suggests injury to the esophagus and stomach. Blackish or bloody stools suggest bleeding in any of these parts as well as the intestines. Injury to the kidneys or anywhere along the urinary tract cause reddish urine.

## **Genital Injury**

The external and internal genital organs show signs of injury after sexual torture or rape. Contusions, hematomas, lacerations, abrasions or burns may be seen. Injury to the urethra induced by the forceful insertion of an object into it produces pain and infection. Vaginal bleeding may mean injury to the vaginal canal or the uterus.

## **WHAT ARE LATE PHYSICAL SIGNS OF TORTURE?**

It is usually difficult to detect physical evidence of torture long after the immediate effects have disappeared. Some survivors, however, may present any of the following problems at various lengths of time after torture.

### **Infection**

External infections involving the skin, fat and muscles are characterized by redness, swelling, warmth and, sometimes, the presence of pus. Fever, weakness, poor appetite as well as specific problems related to the organ or organs involved are produced by

internal infection. Bacterial and fungal infections commonly affect those who have been kept in very unsanitary conditions with poor lighting and ventilation. Malnutrition also weakens the body's resistance to infection.

### **Scars**

Healed wounds present a scar formation in various parts of the body.

### **Muscle Atrophy**

A groove or a depression in a circumscribed area of the body is evidence of earlier muscle damage.

### **Joint Deformity**

Old or neglected dislocations may damage joints resulting in obvious deformity and limitation of movement.

### **Bone Deformity**

Neglected old fractures cause the affected bone to heal in a displaced position.

### **Missing Parts of the Body**

### **Non-specific Aches and Pains**

### **Sexual Dysfunction**

Torture survivors commonly complain of difficulty in maintaining a healthy sex life.

### **Gastrointestinal Symptoms**

Various complaints of abdominal pain, indigestion, constipation and diarrhea may be elicited from survivors during examination. A decrease in liquid and protein intake has been found to cause decreased salivation. Studies have also shown that torture

survivors generally have teeth in poorer condition than most other people.

## **Special Findings Related to the Type of Torture**

### **1. Hearing Impairment**

“Telefono” torture or the continuous use of intensely loud sounds may cause ear damage.

### **2. The Closed Compartment Syndrome**

A group of symptoms consisting of difficulty of walking, tiredness and pronounced pain in the feet, legs and joints when walking has been associated with “falanga” torture. This is because this method of torture involves beating the front half of the soles of the feet causing undetectable injuries to the soft tissues of this area.

## **WHAT ARE POSSIBLE PSYCHOLOGICAL EFFECTS OF TORTURE?**

Individuals who are at risk of being tortured are generally strong, courageous individuals who dare oppose a repressive and violent regime. For this reason, torture aims at breaking and distorting these persons’ self-identity, lowering their self-esteem and inducing in them a feeling of being different and incapacitated.

Psychological reaction to torture depends on many factors and it is difficult to say which one exerts the greatest influence. We cannot be sure how much depends on one’s personality and mental state and on the hardship one had to endure under torture. Experience shows that a high ideological level and strength of conviction have enabled people to survive very horrifying conditions of torture. These factors have also been found to contribute to the survivor’s consequent emotional and social recovery.

Torture survivors may return to normal lives without special psychological treatment. We cannot disregard, however, that there are those who continue to suffer mental and emotional difficulties as a result of torture. They need special attention. These persons

may be unable to comprehend their thoughts and feelings along with their over-all reaction to their environment. They commonly experience symptoms of anxiety such as palpitations, sweating, restlessness and insomnia. Their personalities will seemingly have changed, in their own eyes and in the eyes of those around them. These survivors often find overwhelming difficulty talking about the details of their experience. Their need to deny or to keep those things to themselves are often severe and may worsen in time. They may be very convinced that life cannot be normal again, that is free of anxiety, humiliation and guilt.

Repeated nightmares are common, causing very disturbed sleep. Many relive their torture experience in their sleep again and again. With help, these dreams change in character and begin to reflect the improved ability of the person to cope.

“Poor” memory is a frequent complaint of persons who have been tortured. When examined, however, most do not show other signs of intellectual deterioration. Other problems of poor concentration, slowed thinking and depression that are frequently mentioned by these same survivors may be the real cause of their memory impairment rather than actual brain damage.

Problems with sexuality and difficulty in maintaining a healthy sex life have been reported. Torture survivors may realize they can no longer react positively to sex and yet find themselves unable to express this even to their partners. As a result many relationships deteriorate and families break-up.

In summary, the more common psychological reactions to torture are the following:

- intense anxiety, panic or dread
- feeling of being very tired or weak
- “poor” memory
- body aches and pains without demonstrable physical or medical problems
- sexual problems
- nightmares, sleep disturbances
- sense of guilt, worthlessness or shame

- sense of powerlessness or helplessness
- confusion or disorientation
- feeling of being different or of the environment being "unreal"
- fear of going crazy

People react to stress in many ways. No one person will experience the same psychological reaction to an experience as horrifying as torture. It is important to remember that, oftentimes, the mental and emotional problems that one finds in persons who have been tortured are natural and meaningful reactions that make them survive extremely perverse situations imposed by their torturers.

# HOW DO WE HELP THOSE WHO HAVE SURVIVED TORTURE?

This section will tell you some of the simple ways by which you can be of help to a torture survivor. We will not be detailed or comprehensive since we know that resources and time are very much limited. The amount of help you can extend to a torture survivor will depend on how you can maximize these limited resources and time in terms of very general principles of treatment provided in this guidebook.

## PHYSICAL HELP

### First-Aid Treatment

Most of what you need to know can be found in all standard first-aid manuals. The main objectives of your efforts should be:

1. To control bleeding
2. To relieve pain
3. To prevent infection
4. To avoid complications

### Contusion-Hematoma

- Apply cold compress during the first 24 hours after the injury to relieve swelling as well as reduce pain.
- Apply hot compress for the same purpose during subsequent days.

### Lacerations, Abrasions, Avulsions

- Press wound site with a clean gauze or cloth or even with bare fingers.
- Wash repeatedly with mild soap and clean water or with an antiseptic solution.
- Keep the wound dry by exposing to air or by loosely covering with a bandage.
- If skin avulsion is extensive refer for expert care after first-aid treatment.

## **Punctured Wounds**

This condition should always be treated with caution especially if the offending instrument was dirty. After washing the wound, keep it uncovered and clean. Seek medical advice for prevention of tetanus.

## **Burns**

### **First Degree Burn**

- Control pain with an analgesic, acupuncture or any other available pain killer.

### **Second and Third Degree Burn**

- For localized second degree burn puncture any blister and drain the fluid only if the affected skin can be kept dry and clean. If the burn area is more extensive keep the blister intact and seek medical help.

## **Fractures and Dislocations**

- Immobilize affected part
- Seek medical help

## **Sprain**

- Rest
- Seek medical help
- Acupuncture or Acupressure to relieve pain

## **Dismemberment or Loss of Body Parts**

- Control bleeding
- Seek expert help
- Monitor vital signs and extent of blood loss

## **Injuries to Vital Organs**

- Seek medical help

## **Treatment of Later Effects**

The treatment of survivors after the immediate visible effects of physical torture have disappeared aims at relief of pain and rehabilitation of any physical disability. The hope is to restore as much normal function as possible.

There are a number of ways of achieving these aims and one's choice of method should be guided by considerations of how much time, expense and access to the survivor would be required. Relaxation therapy, physiotherapy, acupuncture and psychotherapy have all been tried in the management of torture-related pain. The practical application of any one of these methods, however, requires that the therapist understands the specific nature of the torture survivor's experience. Psychological reaction to the treatment method should always be discussed during any form of psychological intervention to encourage survivors not to separate the bodily effects of torture from its psychological effects.

Precautions against simulating the torture situation during physical treatment or rehabilitation has been emphasized. While it is necessary to be one step ahead in anticipating "panic reactions" among survivors provoked by recall of the torture situation during certain clinical procedures, it is not necessary to protect them from such reactions. The timely discussion of these reactions in counseling or psychotherapy may even facilitate their psychological recovery.

## **PSYCHOLOGICAL HELP**

### **How Can You Help Yourself?**

Numerous ways of minimizing the immediate effects of torture have been proposed by experts and survivors alike. While some are generally believed to help, others remain of doubtful value. Not one method can be cited as most effective. What is helpful to one person may be totally useless to another. For this reason, we can only suggest general points to be kept in mind by someone trying to survive torture alone as he is kept in isolation by his torturers.

1. It is good to be aware of the different psychological reactions that torture may provoke (see pages 8-10) in a normal human being. These reactions are natural and torture is designed to produce them. For you to think and feel that you are less of

a person for having these reactions is the aim of your torturers.

2. Strength of conviction and a conscious recognition that being imprisoned and tortured should be expected as one struggles against oppression and repression has often been cited by survivors as a vital factor to their survival. Surely, this factor should not be disregarded as a crucial means to enduring extreme hardship under prison and torture conditions. Care, however, should be taken so as not to equate severity of psychological reactions to one's lack of ideological strength. It is known that there is no limit to how much suffering torturers are capable of inflicting. New methods can always be devised to break the strongest of minds.
3. Prayer, self-hypnosis, yoga, transcendental meditation, etc. may help but does not ensure survival except, perhaps, for the most ardent believers or proficient practitioners. It depends on you to discover which particular way is helpful in minimizing the effects of torture in your mind.
4. Solitary confinement is often very difficult to endure because of the sensory deprivation that it imposes on the prisoner. Any form of stimulation, even self-induced (singing, praying, counting, or talking to one's self aloud), may minimize or even break these effects.
5. The only predictable aspect of the torturer's behavior is his unpredictability. It may help to keep this in mind while trying to give some meaning to what he is doing.
6. A natural reaction may be to have some strange thoughts, dreams, nightmares and feelings during torture. This is normal in this very stressful situation.

### **How Can You Be of Help to Others?**

You can be of great assistance to survivors of torture if you learn some basic principles and skills in conducting an interview and counseling.

The psychological interventions that will be discussed are on four levels based on how much access to the torture survivor would be required to conduct them.

## 1. The Therapeutic Encounter

Any chance to be with a person who has been tortured, no matter how brief, should be turned into a "therapeutic encounter", that is, a single opportunity to psychologically help him. Here are some pointers to guide you:

- a) More than just getting facts about torture, the occasion should allow the survivor to express his thoughts and feelings about the experience.
- b) In general, what survivors need immediately is not advice on what to do but an assurance that someone understands what they are going through, and that, most of all, ways of stopping the torture are being exhausted. Specific advice on "what works" may only aggravate feelings of hopelessness and desperation when these advice do not work as expected. Informing them about the natural effects of torture may give them some degree of understanding and psychological control over their difficult situation. Self-destructive tendencies may be lessened, if not totally avoided, if persons who have been tortured are helped to realize that their reactions are not abnormal. It may also help to reassure them that the effects of torture need not be permanent and treatment would be available should it be necessary later.

## 2. The Therapeutic Interview

Longer time with torture survivors would allow you to conduct an interview and give them a chance to talk more about the details of their experience. You have to develop skills in interviewing to make the most out of these precious opportunities.

### a) Establishing Rapport

The fear of reprisal or further torture causes many survivors to remain silent. Some prefer not to express

their feelings firmly believing that their situation is impossible and no one can do anything to help them. Others fear being labelled as “weak”. It is, therefore, not easy to convince a torture survivor to talk freely. Many of them doubt other people’s capacity to understand what they have undergone and what they are going through.

The first step is to establish a trusting relationship. This is called rapport. Rapport refers to the atmosphere of mutual trust and respect between you and another person. You will have your own style of developing rapport but the main aim remains the same – to demonstrate genuine concern and understanding.

Allow expression of thoughts and feelings regarding the experience but do not relinquish control over the direction of the interview. Doing this may be a matter of style. Just remember not to make the person feel that you are directing or manipulating the conversation. Care must be exercised so as not to force the person to talk about something he is not ready to discuss with you. Patience and proper timing are important.

#### **b) Maintaining Privacy**

The extent of physical and psychological privacy available during the interview greatly influences its effectivity. For this reason, the right of a prisoner to a private interview should always be demanded and availed of.

Psychological privacy is the condition whereby an interviewer is free from mental distractions that may lessen his or her ability to give full attention to the interviewee’s responses.

#### **c) Active Listening**

Active listening requires not only hearing the words spoken to you but also “listening” to the unspoken message in the other person’s gestures, facial expres-

sions and bodily movements. For you to be effective you have to be a good listener. This skill is necessary in order for you to know more about the torture survivors you are dealing with, that is,

- to find out what is in their mind
- to determine where to begin in discussing with them
- to know what questions to ask
- to decide what comments to make and how and when to make them
- to use your own reactions and feelings in trying to understand them.

Active listening will

- help you understand their situation
- make them feel comfortable and confident enough to continue talking, especially, about their negative feelings (doubts, fears, anger, guilt or shame).
- help you assist them in understanding their attitudes and feelings.

You can only actively listen if

- you are aware of your own feelings about torture and the experience of someone who has been tortured
- you recognize your own feelings while listening and are able to understand why you are feeling so
- you are capable of not allowing these feelings to keep you from understanding the other person.

#### d) Asking Questions

The art of interviewing lies in the way we ask questions.

Remember:

- Your style of asking questions is more important than the wording of the questions.

- Do not ask too many questions in a series. This will make the person feel that he is, once again, being interrogated. Your tone of voice should be soft and encouraging.
- Keep your questions open-ended, and not easily answered by “yes” or “no”. Your questions should encourage the person to express ideas and feelings.
- Ask questions for a definite purpose. Being direct to the point will conserve the limited, valuable time you have as well as communicate that your most immediate concern is to help.

#### e) Giving Comments

Comments should encourage survivors to go on with their story or guide them into discussing or explaining their ideas and feelings related to past experience or present situation. To be able to give appropriate comments you should be able to follow their line of thought. Often, we fail to do this because we get “lost” in our own mental reactions to what we are hearing. In giving comments, you should respond

- directly to the person’s feelings and not to the event he is narrating to you.
- to something specific and not to something general
- first to the person’s preceding statement before shifting to another topic. Carrying the conversation along your own line of thinking will make the person feel that you are more interested in your own ideas.

At appropriate points in the interview your responses should

- show acceptance
- provide assurance
- seek clarification
- give appropriate information

- pinpoint conflicting feelings and statements

### 3. Counseling

Counseling is recommended for all persons who have been tortured if conditions will permit it. It is a series of therapeutic interviews designed to help a person assess the effects of the experience, make necessary decisions and plan for the future.

#### Who can do counseling?

To conduct counseling properly a person should have interviewing and listening skills, should be able to maintain confidentiality, as well as see the counselee regularly for several times.

Lawyers, family, friends and co-detainees are encouraged to learn its basic principles and techniques since frequently they have the greatest access to survivors.

#### Where can you do counseling?

Any place which provides privacy is suitable for counseling. For ex-detainees it would be better to conduct it in a private office to promote a professional atmosphere.

#### What are the stages of counseling?

First Stage: Knowing the Person

Second Stage: Identification of the Problems

Third Stage: Setting of Alternatives

Fourth Stage: Decision-Making/Planning

The counselor is only a skilled facilitator who guides the counselee through these four stages.

#### First Stage

The survivor's total situation is assessed as a preliminary step to identifying needs and problems. This stage also aims to bring about a detailed understanding of what really happened during torture.

Useful questions are:

- Would you like to tell me what you have been through?

- How do you feel about the experience?
- What was in your mind when it (the torture) was happening?
- What was/is most difficult for you?
- Are you every angry? What makes you angry?
- What are you thinking now?
- What are your fears/worries/doubts?
- What helped you then (during torture)? Now?
- How do you wish to be helped?

These questions, of course, are in addition to what you will have to ask regarding personal data and circumstances. (see Appendix A: The MAG-PACT Interview Protocol for Torture Survivors)

As the sessions unfold, more material about the survivor's emotional state may be elicited. This may be done by discussing:

- contents of dreams
- feelings evoked by these dreams, during and after
- meaning given by the survivors to these dreams

By following the development of dreams you will see

- how the survivor is moving toward psychological stabilization and emotional relief
- what concerns the survivor
- how the survivor foresees the future
- how the survivor feels about his present situation.

It is very important to adjust the pacing or tempo of the sessions to the immediate emotional response of the survivor. Remember to provide sufficient time, support and assurance.

## Second Stage: Problem Identification

At this stage the counselor attempts to provide the survivor opportunity to prioritize his problems. He or she guides the survivor in differentiating between immediate "presenting" problems from less obvious and underlying "real" problems. This is not an easy task and will require experience and

As the old struggles with the new, those of us working to protect basic human rights must see to it that we do not give up until our work is completed. We are saddened by the fact that this primer is still of real practical value in our society. We believe however, that our efforts as a people shall soon make this small book obsolete.

Sylvia Estrada-Claudio, M.D.  
*Medical Action Group, Inc.*  
*Philippine Action Concerning Torture*  
*September, 1987*

## Form 01 -1986

## Date of Interview . . . . .

Address: . . . . .

## Place of Detention (if detained) Arresting Officer/Unit Inclusive Datas Charges

This image shows a full page of dot grid paper. The background is a light gray color. Overlaid on this background is a precise grid of small, dark gray dots. The dots are arranged in perfectly straight horizontal and vertical rows, creating a series of small squares across the entire surface. There are no margins, text, or other markings present on the page.

time on the part of the counselor.

Example:

Presenting Problem: Insomnia

Real Problem: Poor self-esteem, doubts about the future  
and about personal capabilities

### Third Stage: Alternative Setting

This final stage concerns itself with helping the survivor find his own solution to the identified problem or problems, make an appropriate decision and/or plan for the future. Your effectivity as counselor will depend on:

- the extent to which the more disturbing effects of stress have been relieved
- the survivor's ability to arrive at his own alternatives or solutions
- whether or not the survivor recognizes his primary participation and responsibility with regard to his final decisions and plans.

## 4. Psychiatric Help

Advise persons exhibiting severe reactions to torture whether immediate or long-term, to avail of psychiatric consultation. These severe symptoms may be persistent insomnia, disturbed (psychotic) behavior, intense anxiety or sadness (depression) or anything that seriously impairs the survivor's daily functioning. A psychiatrist will evaluate whether the person requires medication to temporarily relieve symptoms. Psychotherapy may be suggested to those with deeper emotional disturbance.

## EPILOGUE

More than eighteen months has passed since we first wrote the prologue of this primer.

Since that time many events have occurred that have diminished our initial optimism about our country's immediate future.

The tyrant Marcos is indeed gone. But the society he has left behind is still in political and economic turmoil.

Structural changes, a crying need for centuries, seems to be a fading dream. Economic sovereignty, land reform, political pluralism are but abstract concepts for a people still mired in ignorance, powerlessness and poverty.

Those who have chosen armed struggle as a means to societal change still constitute one of the largest political forces. They have seen in the continuing oppression and the collapse of peaceful dialogue between the government and themselves, a continued reason for existence.

Our hopes for a greater respect for human rights have been shattered as the government shifts increasingly towards military solutions to the armed conflict. It is an unreformed Marcosian military that has been fielded against the insurgents. Rightwing death squads, fanatical "vigilante" (paramilitary) groups and the regular members of the armed forces have been legitimized as an indispensable approach to counter-insurgency.

The Aquino government is unable to unify the military. Factions seem ever ready to exploit situations wherein Aquino is placed on the political defensive because of unpopular government policies or actions (e.g. an increase in oil prices or the massacre of peasants at Mendiola bridge) to stage coup d' etats.

While still popular, there is a growing perception of disillusionment even amongst Aquino's most avid supporters. There is an increasing fear on the part of her supporters that unless something decisive is achieved, she may lose her popular support.

It would seem that the road to genuine democracy in the Philippines is still an arduous one.

|2. Pertinent System Review

|G. Mental Status Exam

- a) Level of Consciousness: Fully Awake  
Drowsy  
Stuporous  
Comatose
- b) Speech : Relevant – Irrelevant  
Coherent – Incoherent  
Not Slurred - Slurred  
Not able to - at all
- c) Cooperativeness: Poor  
Satisfactory  
Excellent
- d) Orientation : Time Normal – Abnormal  
Place Normal – Abnormal  
Person Normal – Abnormal
- e) Comprehension : Poor  
Fair
- f) Memory Recent Poor – Fair  
Remote Poor – Fair
- g) Calculation : Addition Poor -- Fair  
Subtraction Poor – Fair
- h) Extreme Nervousness : Absent – Present
- i) Delusions (False beliefs not corrected by logical reasoning or reality Absent – Present  
if present, example (RECORD VERBATIM)
- j) Hallucinations (False Perceptions)  
Auditory Absent – Present  
Visual Absent – Present  
Tactile Absent – Present
- k) Depressed Need :  
Weeping/Crying Absent – Present  
Sad Facial Expression Absent – Present  
Early Morning Awakening Absent – Present  
Loss Appetite Absent – Present

Slowed Thinking Speed

or Movement

Absent – Present

Guilt proneness

Absent – Present

Feeling of unworthiness

Absent – Present

Thought of death/suicide

Absent – Present

Suicidal attempt

Absent – Present

Other signs of psychosis :

Inappropriate behavior and mood :

Absent – Present

Example:

deteriorated self-care

Absent – Present

inappropriate/heightened

suspiciousness

Absent–Present

2. General attitude and behavior during the interview.

H. Impression :

I. Disposition/Recommendation :

## Appendix

### MAG-PACT

Form 02 — 1986

#### II. Medical Protocol

A. Present Problem : \_\_\_\_\_

B. History and development of problem : \_\_\_\_\_

1. Nature/onset: : \_\_\_\_\_

\_\_\_\_\_

2 duration, frequency and intensity : \_\_\_\_\_

\_\_\_\_\_

3 precipitating factors : \_\_\_\_\_

\_\_\_\_\_

4. aggravating factors : \_\_\_\_\_

\_\_\_\_\_

5. associated symptoms and disabilities : \_\_\_\_\_

\_\_\_\_\_

6 emotional/psychosocial consequences of the problem : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. treatment given for present problem/s /outcome : \_\_\_\_\_

\_\_\_\_\_

C. Past Medical History

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

D. Pertinent Family Medical History

## Appendix

- E. Pertinent Personal/Social History (e g smoking, alcohol, drugs, etc.)

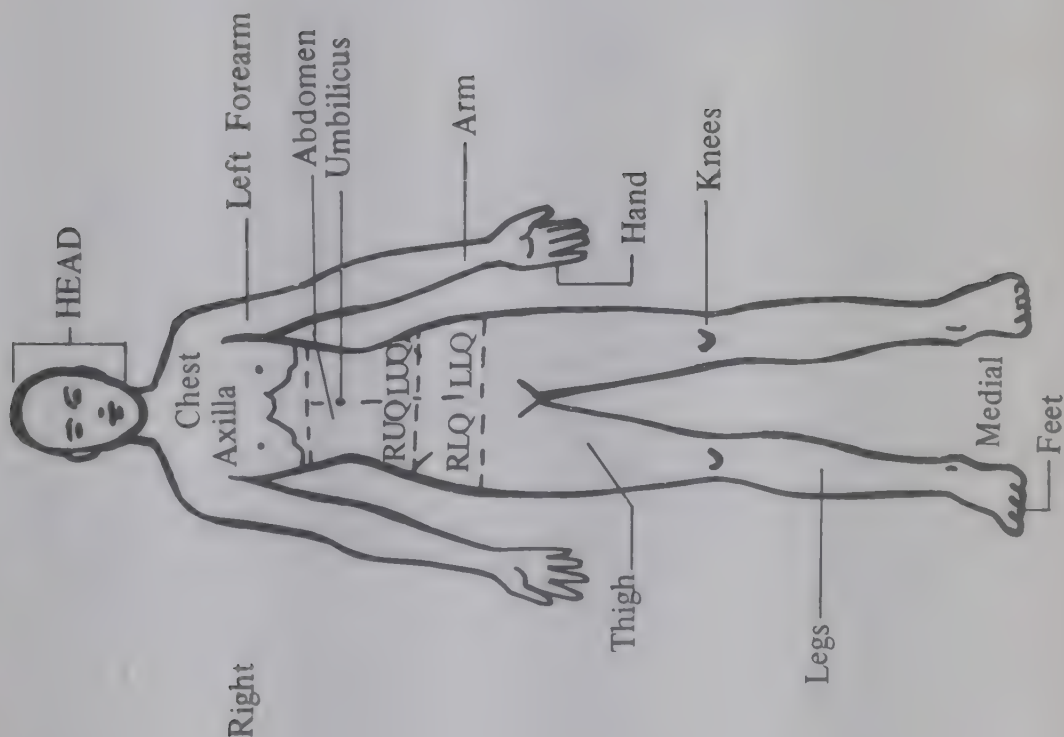
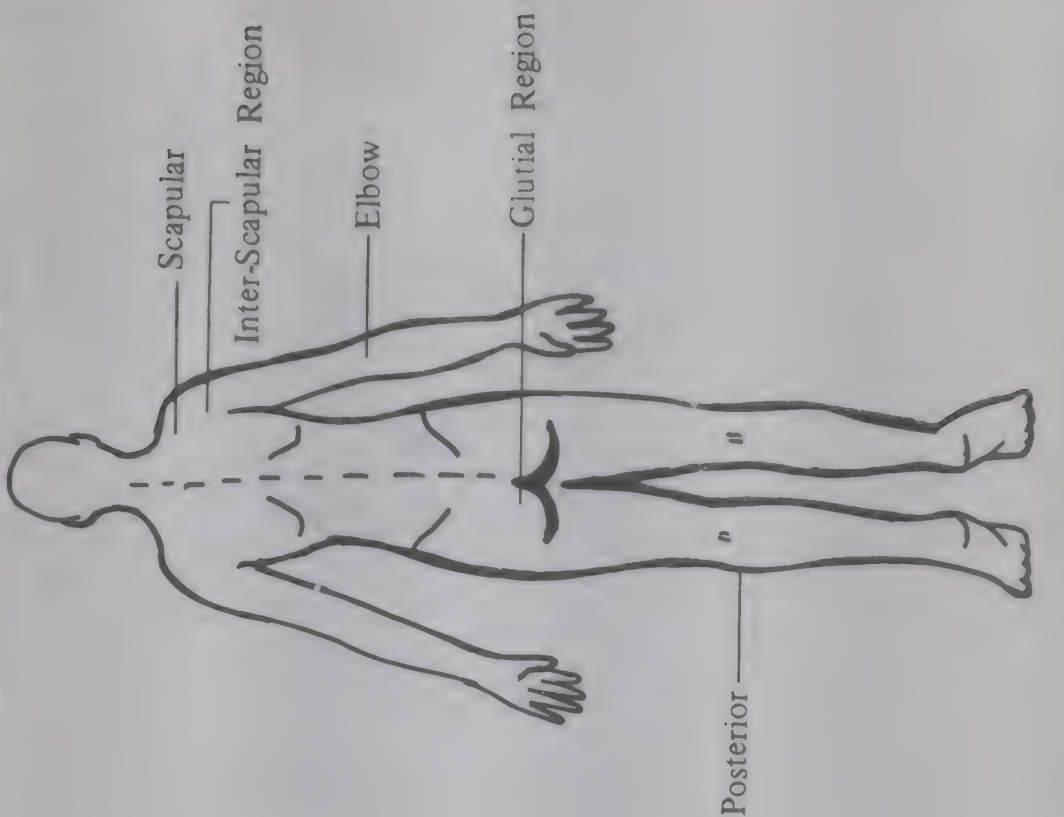
-----  
-----  
-----  
-----

F. Physical Exam

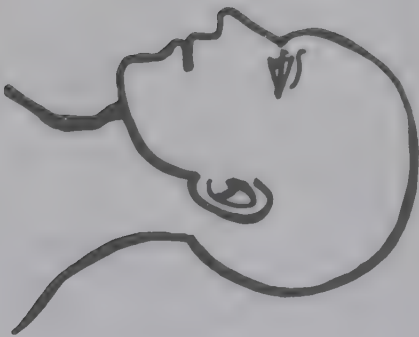
1. Signs and Symptoms

- a) Scars : Location  
Size (length and width or diameter)  
Cause
- b) Bruises : Location  
Size  
Cause
- c) Wounds : Location  
Size  
Cause
- d) Other changes in the skin:  
Burn are lessions caused by the application of heat, electricity and chemical substances to the body resulting in the destruction of the tissues of the body.
- e) Deformity of the extrimities and other body parts:  
Location  
Type of deformity  
Cause
- f) Missing body parts : Location  
Cause
- g) Pain : Sitio  
Character Continous  
Intermittent  
Intensity Severe-Moderate-Slight  
Precipitating factors  
Aggravating factors
- h) Other medical problems :
- a. Hematuria —  
b. Melana —  
c. Hematemesis —  
d. Hemoptysis --

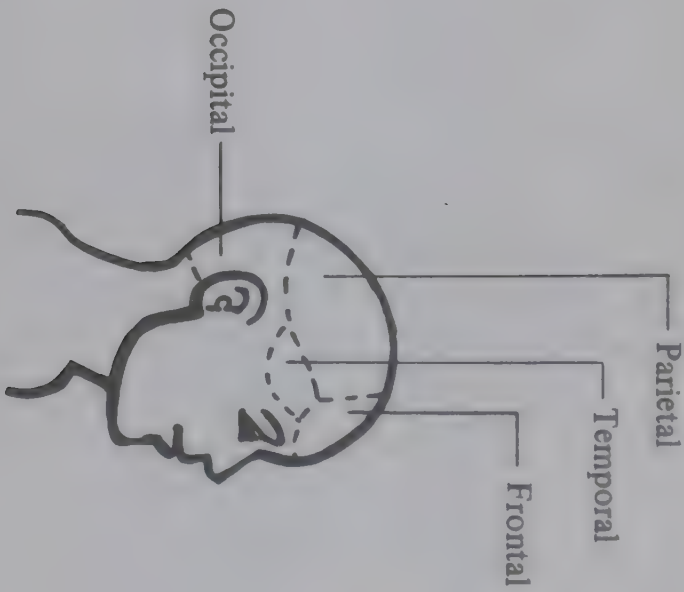
Extremities may be divided into Upper, Middle, and Lower Third



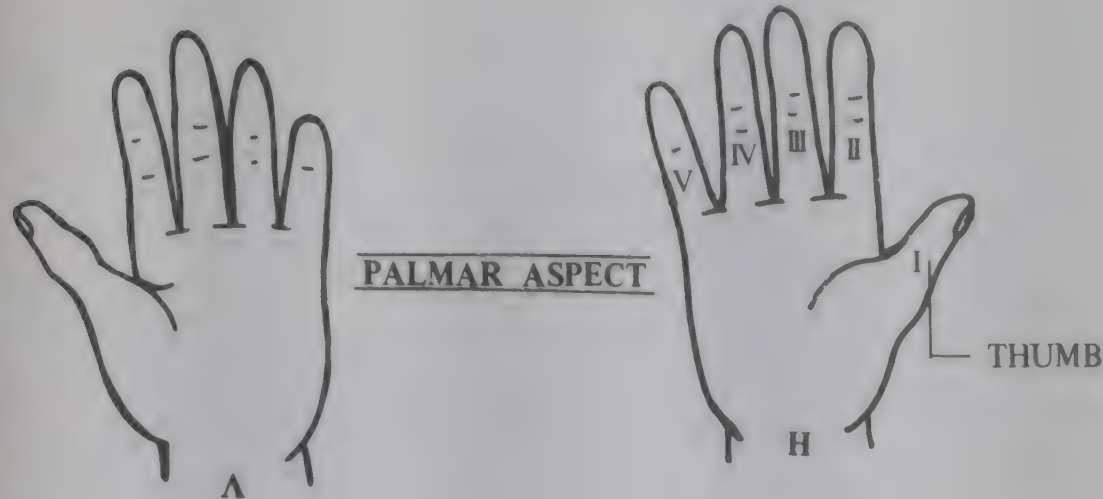
INFERIOR



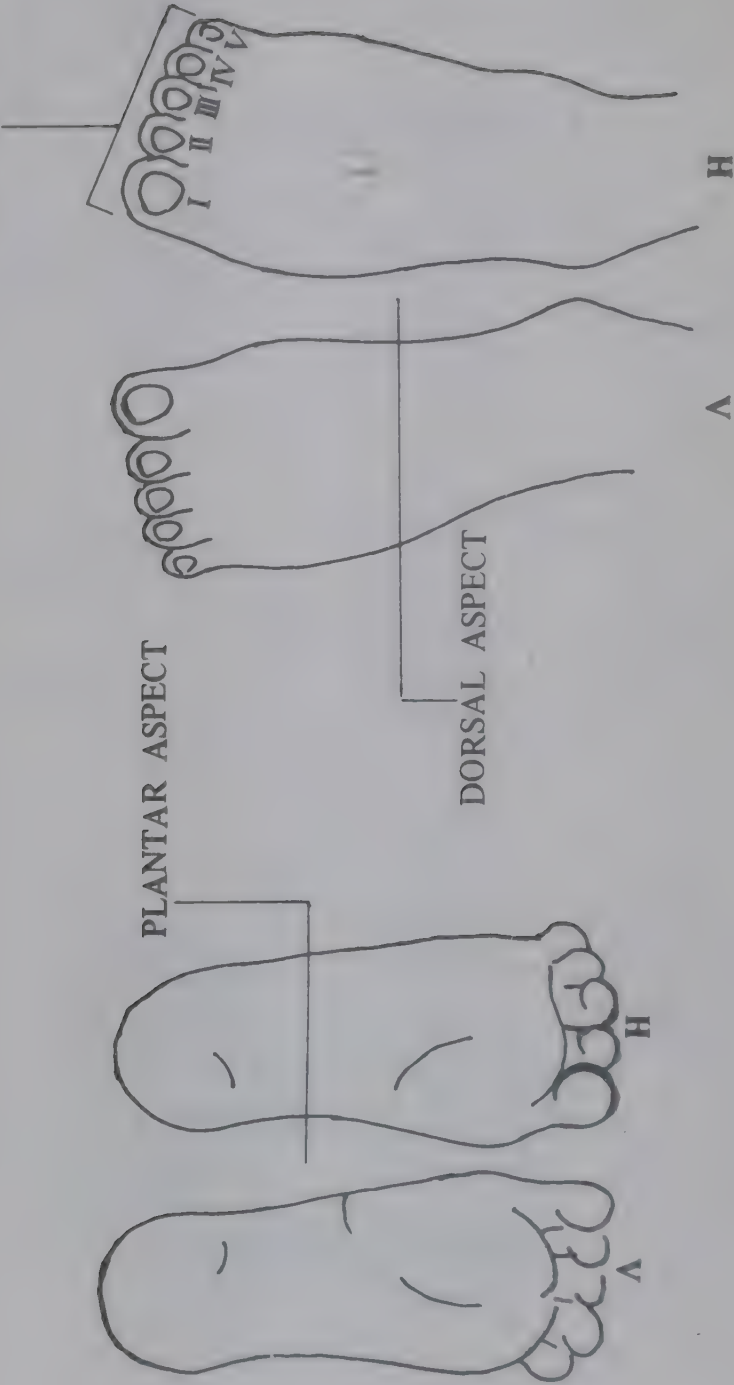
Lateral



DIGITS = FINGERS



DIGITS=TOES



Appendix

MAG-PACT

Form 03 – 1986

III.Social Case Record

A. Personal Data

1. Civil Status :
  - a. Married (Church, Civil or others)
  - b. Single c. may ka-relasyon \_\_\_\_\_
2. Occupation : \_\_\_\_\_
3. Financial Status :
  - a. Financial resources
    1. Personal income : \_\_\_\_\_
    2. Financial support personal/org. : \_\_\_\_\_
  - b. Persons being supported, patient's relationship to them and kind of support \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Skills and Interests : (include reading, writing and other things that the patient can do)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Appendix

C. Family Data

F/M	Sex	Age	Living/Deceased	Occupation	Ed. Attainment
Father					
Mother					
Siblings					
Spouse					
Children					

	Nature of relationship
Father	
Mother	
Siblings	
Spouse	
Children	

## Appendix

### D. Personal Social History

#### 1. Birth History :

Birthplace \_\_\_\_\_

Pre-natal/Post-natal health (if pertinent) \_\_\_\_\_

#### 2. School History : No. of years \_\_\_\_\_

Performance (outstanding, average,  
fair, poor)

Elementary \_\_\_\_\_

High School \_\_\_\_\_

College \_\_\_\_\_

#### 3. Work History :

Nature of Work	Duration/Inclusive dates	Compensation & W/W/out)
----------------	--------------------------	-------------------------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

#### E Impression :

#### F. Disposition/Recommendations .





